

Oral therapy with own mother's milk (OMM)

What is oral therapy with OMM?

Oral therapy is the regular application of small amounts (0.1 – 0.2 ml) of own mother's milk (OMM) inside the infant's cheeks until oral feeds begin.¹⁻⁵

This can be performed from birth:

- as regular mouth care for infants that are NPO (nil per os, nothing by mouth)
- every 3–6 hourly with enteral feeds
- as oral stimulation for Non-Nutritive Sucking (NNS)

Studies consistently demonstrate this practice is safe, inexpensive, feasible and well tolerated even in infants weighing less than 1000 g.^{1,3,4}

Why is oral therapy with OMM important?

Colostrum and early OMM are high in immunologic, anti-infective and anti-inflammatory factors. Oral therapy is therefore considered to function as a form of immune therapy.^{2,3,5}

Performing oral therapy has been shown to motivate and sustain a mother to continue expressing milk for her infant and increase breast milk feeding rates.¹ In addition, it provides families opportunities for meaningful participation in their infant's care, enhances bonding and promotes maternal confidence.^{1,4}

Research on the clinical benefits of oral therapy is continually evolving. To date it has been positively associated with reduced risk of sepsis,^{1,4} reduced days of total parenteral nutrition, earlier commencement of both enteral and oral feeding and shorter hospital stays.⁶⁻⁸

How to implement?

Develop / revise protocols that:

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| <input type="checkbox"/> Recommend oral therapy within 24 hours after birth (at the discretion of the medical practitioner) | <input type="checkbox"/> Support mothers to express early (within 3 hours after birth) and frequently (8 or more times in 24 hours) to have OMM available | <input type="checkbox"/> Facilitate regular maternity and neonatal staff education on the value of colostrum (regardless of volume) and oral therapy |
| <input type="checkbox"/> Record number of hours between birth and first oral therapy | <input type="checkbox"/> Prioritise freshly expressed OMM for oral therapy | <input type="checkbox"/> Ensure every occurrence of oral therapy is documented, as well as any reason for omitting the therapy |
| <input type="checkbox"/> Advise oral therapy is performed at regular intervals (every 3-6 hours) until oral feeds begin | <input type="checkbox"/> Stipulate that parents deliver oral therapy to their own infant after each expression session | |

How to audit?

Strategies to measure best practice include:

- Audit the percentage of eligible infants that receive oral therapy a) within 24 hours after birth and b) every 3–6 hours until oral feeds begin
- Audit reasons for sub-optimal provision of oral therapy

Auditing records on a monthly basis:

- Highlights recent progress and can enhance motivation within the organisation to continue with quality improvement measures.
- Shows where changes are still required and allows for timely implementation of further education to staff for continuous improvements in clinical practice.
- Allows barriers to be identified and addressed.